

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
101575075

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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6		2				
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9	1					
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TOTAL IND.			1			
TOTAL DEP.			12			
TOTAL CLAIMS			13			

	AS FILED		AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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